

93386996

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7771

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Douglas Aircraft Company Attn: Rob Tuell C6-59 19503 South Normandie Avenue Torrance, CA 90502		C A D 0 8 6 5 1 0 0 0 5		8 6 9 9 6	
4. Generator's Phone (310) 533- 7926 or (310) 533- 7231		5. Transporter 1 Company Name Laidlaw Environmental Services of CA, Inc.		6. US EPA ID Number C A D 0 0 0 0 8 3 1 2 1	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address Enesco West, Inc. 1737 East Denny Street Wilmington, CA 90744	
10. US EPA ID Number C A D 0 4 4 4 2 9 8 3 5		11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	
RQ ^a Hazardous waste, liquid, n.o.s., 9, NA3082, PG III (F001)		024 DM 1.0400 P		13. Total Quantity 1.0400	
RQ ^b Hazardous waste, solid, n.o.s., 9, NA3077, PG III (D007)		005 DM 0.0405 P		14. Unit Wt/Vol P	
Instapack B Non-RCRA hazardous waste liquid		001 DM 0.0047 P		15. Waste Number State 743 EPA/Other F001	
Instapack A Non-RCRA hazardous waste liquid		001 DM 0.0060 P		State 352 EPA/Other D007	
16. Additional Descriptions for Materials Listed Above 1a. 520487. Trich rinse water. Additional CA code 211. 1b. 520510. Paint filters. 520578 1c. 520465. Instapack B. 1d. 520466. Instapack A.		17. Handling Codes for Wastes Listed Above a. 07 b. 07 c. 01 d. 07		18. State 331 EPA/Other N/A	
15. Special Handling Instructions and Additional Information 24 Hour emergency telephone number (800) 424- 9300 (Chemtrec). DOT ERG# 11a-d) 31 Load # 87278					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robert G. Tuell, Jr.		Signature <i>Robert G. Tuell, Jr.</i>		Month Day Year 11/1/89 4	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Lee Harris		Signature <i>Lee Harris</i>		Month Day Year 11/1/89 4	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Pat Choomngern		Signature <i>Pat Choomngern</i>		Month Day Year 11/1/89 4	

DO NOT WRITE BELOW THIS LINE.

93386996
CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-735

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Douglas Aircraft Company Attn: Rob Tuell C6-59 19503 South Normandie Avenue Torrance, CA 90502		CAD086510005	86996		A. State Manifest Document Number 93386996
4. Generator's Phone (310) 533-7926 or (310) 533-7231					B. State Generator's ID HAHQ36005698
5. Transporter 1 Company Name Laidlaw Environmental Services of CA, Inc.		6. US EPA ID Number CAD000083121			C. State Transporter's ID 44668
7. Transporter 2 Company Name		8. US EPA ID Number			D. Transporter's Phone (310) 518-4700
9. Designated Facility Name and Site Address Ensco West, Inc. 1737 East Denni Street Wilmington, CA 90744		10. US EPA ID Number CAD044429835			E. State Transporter's ID F. Transporter's Phone G. State Facility's ID H. Facility's Phone (310) 835-9998
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ, Hazardous waste, liquid, n.o.s., 9, NA3082, PG III (F001)		024 DM	10400	P	State 741 EPA/Other F001
b. RQ, Hazardous waste, solid, n.o.s., 9, NA3077, PG III (D007)		005 DM	00405	P	State 352 EPA/Other D007
c. Instapack B Non-RCRA hazardous waste liquid		001 DM	00047	P	State 331 EPA/Other N/A
d. Instapack A Non-RCRA hazardous waste liquid		001 DM	00060	P	State 331 EPA/Other N/A
J. Additional Descriptions for Materials Listed Above 11a. 520467. Trichloro water. Additional CA code 211. 11b. 520468. Paint filters. 520578 11c. 520465. Instapack B. 11d. 520466. Instapack A.		K. Handling Codes for Wastes Listed Above a. b. c. d.			
15. Special Handling Instructions and Additional Information 24 Hour emergency telephone number (800) 424-9300 (Chemtrec). DOT ERG# 11a-d) 31 Load # 87278					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robert G. Tuell, Jr.		Signature Robert G. Tuell, Jr.		Month Day Year 11/1/89	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Lee Harris		Signature Lee Harris		Month Day Year 11/1/89	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year					

DO NOT WRITE BELOW THIS LINE.

Generator Name: Douglas Aircraft CompanyManifest No.: 86996/193386996

Waste Code *	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR 268.43	CCWE 40CFR 268.41	Hazardous Debris	Appen. IV Lab Pack	Appen. V Lab Pack	No Further Treatment	Variance or Extension
R01 11-18-94 F001		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R07 11-18-94 D007	<u>Chromium</u>	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>N/R</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* For Waste Codes F001-F005, F039, D002 & D001 DEACT, the underlying constituents must be identified, see attached.

- ☐ IF Column A is checked: I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.
- ☐ IF Column B is checked: I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic wastes specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.
- ☐ IF Column C is checked: If indicated by "X", the specified waste codes are able to be land disposed without further treatment. In accordance with 268.7(a)(2) and regarding those restricted waste(s) contained in this shipment, these waste(s) may be land disposed without further treatment.

I submit the following certification statement:

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false submitting a false certification, including the possibility of a fine and imprisonment.

- ☐ This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45.
- ☐ This manifest includes controlled benzene waste which is subject to the notification requirements of 40 CFR 61 subpart FF. WMDS # _____

Waste analysis is attached where available, otherwise, the information contained herein is based upon my thorough knowledge of the waste(s).

I hereby certify that all information submitted in this document is complete and accurate to the best of my knowledge and information.

Signature Robert G. Truell, Jr. Title Senior Plant Engineer Date 11-18-94



LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Continuation Page

Manifest No.: _____

Waste Code	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR268.43	CCWE 40CFR 268.41	Appen. IV Lab Pack	Appen. V Lab Pack	No Further Treatment	Variance or Extension
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Variances, Extensions and Other Notes:



Spent Solvent Wastes

(F001-F005)

☒ This shipment, as referenced by the above manifest number, contains waste(s) which correspond to USEPA Hazardous Waste Code(s) ☒ F001. ☐ F002. ☐ F003. ☐ F004 and/or ☐ F005.

The above referenced waste(s) must be treated to meet the treatment standard expressed as Constituent Concentration in the Waste Extract as outlined in 40 CFR 268.41 Table CCWE or in 40 CFR 268.43 Table CCW below.

(Check each constituent known to be in the waste referenced above)

		-----CCW-----		State of California Standards	
		Wastewaters	Non-Wastewaters	Wastewaters	Non-Wastewaters
		(mg/L)	(mg/Kg)	(mg/L)	(mg/L)
<input type="checkbox"/>	Acetone	0.28	160	0.05	0.59
<input type="checkbox"/>	Benzene	0.070	3.7	0.070 (CCW)	3.7(CCW mg/Kg)
<input type="checkbox"/>	n-Butyl alcohol	5.6	2.6	5.0	5.0
<input type="checkbox"/>	Carbon disulfide	0.014	N/A	1.05	4.81
<input type="checkbox"/>	Carbon tetrachloride	0.057	5.6	0.05	0.96
<input type="checkbox"/>	Chlorobenzene	0.057	5.7	0.15	0.05
<input type="checkbox"/>	Cresols (m- and p- isomers)	0.77	3.2	2.82	0.75
<input type="checkbox"/>	O-cresol	0.11	5.6	See entry above	
<input type="checkbox"/>	Cyclohexanone	0.36	N/A	0.125	0.75
<input type="checkbox"/>	O-Dichlorobenzene	0.088	6.2	0.65	0.125
<input type="checkbox"/>	Ethyl acetate	0.34	33	0.05	0.75
<input type="checkbox"/>	Ethyl benzene	0.057	6.0	0.05	0.053
<input type="checkbox"/>	Ethyl ether	0.12	160	0.05	0.75
<input type="checkbox"/>	Isobutyl alcohol	5.6	170	5.0	5.0
<input type="checkbox"/>	Methanol	5.6	N/A	0.25	0.75
<input type="checkbox"/>	Methylene chloride	0.089	33	0.20	0.96
	Pharmaceutical Waste Water Subcategory			0.44 (CCW)	NA
<input type="checkbox"/>	Methyl ethyl ketone	0.28	36	0.05	0.75
<input type="checkbox"/>	Methyl isobutyl ketone	0.14	33	0.05	0.33
<input type="checkbox"/>	Nitrobenzene	0.068	14	0.66	0.125
<input type="checkbox"/>	Pyridine	0.014	16	1.12	0.33
<input type="checkbox"/>	Tetrachloroethylene	0.056	5.6	0.079	0.05
<input type="checkbox"/>	Toluene	0.08	28	1.12	0.33
<input checked="" type="checkbox"/>	1,1,1-Trichloroethane	0.054	5.6	1.05	0.41
<input type="checkbox"/>	1,1,2-Trichloroethane	0.030	7.6	0.030 (CCW)	7.6 (CCW mg/Kg)
<input type="checkbox"/>	1,1,2-Trichloro-1,2,2-Trifluoroethane	0.057	28	1.05	0.96
<input type="checkbox"/>	Trichloroethylene	0.054	5.6	0.062	0.091
<input type="checkbox"/>	Trichlorofluoromethane	0.02	33	0.05	0.96
<input type="checkbox"/>	Xylenes (Total)	0.32	28	0.05	0.15

		-----CCWE-----	
<input type="checkbox"/>	Carbon Disulfide	N/A	4.8
<input type="checkbox"/>	Cyclohexanone	N/A	0.75
<input type="checkbox"/>	Methanol	N/A	0.75